2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003
Secretary of State

DOCUMENT# N97000001725

Entity Name: THE GREATER HOGAN AREA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2619 PARENTAL HOME ROAD #4
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

PO BOX 551108
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3459964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACLEAN, MARK B
2619 PARENTAL HOME ROAD #4
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ELLIS, HERB	
Address:	1965 PARENTAL HOME ROAD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	MACLEAN, MARK B	
Address:	2619 PARENTAL HOME ROAD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	VD	( ) Delete
Name:	HARROLD, VICTOR	
Address:	8325 BASCOM ROAD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	ANDERSON, JAMES	
Address:	8265 HOGAN ROAD	
City-St-Zip:	JACKOSNVILLE, FL 32216	
Title:	D	( ) Delete
Name:	ANDERSON, JAMES E	
Address:	8262 HOGAN ROAD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	SAFFY, RALPH	
Address:	2532 LOFBERG DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32216	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK B. MACLEAN D 09/10/2003

Electronic Signature of Signing Officer or Director — Date